

SF 71  
(Revised 3/79)  
OFFICE OF PERSONNEL MANAGEMENT  
PPM Suppl. 990-2, 6 2-9

## APPLICATION FOR LEAVE

71-112

INSTRUCTIONS: Please complete Items 1-8 after reading the Privacy Act Statement shown below.

1. Name (Print or type—Last, First, M.I.)

SEKIYA, L.

3. Organizational Unit

DRMO-44

5. I hereby request (If more than one box is checked, explain in Item 6.  
Remarks: Annual Leave. (Annual leave requested may not exceed the amount available for use during the leave year.) Sick Leave. (Complete reverse side of form.) Leave Without Pay. Compensatory Time. Other. (Specify)

2. Employee I.D. Number

4-A	Month	Day	Hour	A.M.	4-C
FROM:	9	14	0730	P.M.	Total Number of Hours
4-B	Month	Day	Hour	A.M.	
TO:	9	14	1000	P.M.	2.5

6. Remarks

DR APP7

7. Employee's Signature

8. Date  
(Month, Day, Year)  
9-7-00

## OFFICIAL ACTION ON APPLICATION

 Approved Disapproved (If disapproved, give reason. If annual leave, initiate action to reschedule.)

Signature (Annual leave approved may not exceed the amount available for use during the leave year.)

Date  
(Month, Day, Year)  
9-11-00

NSN 7540-00-753-5067

SF 71  
(Revised 3/79)  
OFFICE OF PERSONNEL MANAGEMENT  
PPM Suppl. 990-2, 6 2-9

## APPLICATION FOR LEAVE

71-112

INSTRUCTIONS: Please complete Items 1-8 after reading the Privacy Act Statement shown below.

1. Name (Print or type—Last, First, M.I.)

SEKIYA, L.

3. Organizational Unit

DRMO-44

5. I hereby request (If more than one box is checked, explain in Item 6.  
Remarks: Annual Leave. (Annual leave requested may not exceed the amount available for use during the leave year.) Sick Leave. (Complete reverse side of form.) Leave Without Pay. Compensatory Time. Other. (Specify)

2. Employee I.D. Number

4-A	Month	Day	Hour	A.M.	4-C
FROM:	9	20	1315	P.M.	Total Number of Hours
4-B	Month	Day	Hour	A.M.	
TO:	9	20	1600	P.M.	2.45

6. Remarks

HEADACHE

7. Employee's Signature

8. Date  
(Month, Day, Year)  
9/20/00

## OFFICIAL ACTION ON APPLICATION

 Approved Disapproved (If disapproved, give reason. If annual leave, initiate action to reschedule.)

Signature (Annual leave approved may not exceed the amount available for use during the leave year.)

Date  
(Month, Day, Year)  
9-20-00

NSN 7540-00-753-5067

SF 71  
(Revised 3/79)  
OFFICE OF PERSONNEL MANAGEMENT  
PPM Suppl. 990-2, 6 2-9

## APPLICATION FOR LEAVE

71-112

INSTRUCTIONS: Please complete Items 1-8 after reading the Privacy Act Statement shown below.

1. Name (Print or type—Last, First, M.I.)

SEKIYA, L.

3. Organizational Unit

DRMO-44

5. I hereby request (If more than one box is checked, explain in Item 6.  
Remarks: Annual Leave. (Annual leave requested may not exceed the amount available for use during the leave year.) Sick Leave. (Complete reverse side of form.) Leave Without Pay. Compensatory Time. Other. (Specify)

2. Employee I.D. Number

4-A	Month	Day	Hour	A.M.	4-C
FROM:	9	21	0730	P.M.	Total Number of Hours
4-B	Month	Day	Hour	A.M.	
TO:	9	21	1600	P.M.	8

6. Remarks

HEADACHE

7. Employee's Signature

8. Date  
(Month, Day, Year)  
9/22/00

## OFFICIAL ACTION ON APPLICATION

 Approved Disapproved (If disapproved, give reason. If annual leave, initiate action to reschedule.)

Signature (Annual leave approved may not exceed the amount available for use during the leave year.)

Date  
(Month, Day, Year)

NSN 7540-00-753-5067

EXHIBIT

MM

L.Sekiya  
EXHIBIT NO. 1  
11/22/05  
I. ODAKU

SF 71  
(Revised 3/79)  
OFFICE OF PERSONNEL MANAGEMENT  
PPM Supple. 990-2, G 2-9

71-112

## APPLICATION FOR LEAVE

INSTRUCTIONS: Please complete Items 1-8 after reading the Privacy Act Statement shown below.

1. Name (Print or type—Last, First, M.I.)

SEKIYA, L

2. Employee I.D. Number

3. Organizational Unit

Drmo-44

5. I hereby request (If more than one box is checked, explain in Item 6.  
Remarks:) Annual Leave. (Annual leave requested may not exceed the amount available for use during the leave year.) Sick Leave. (Complete reverse side of form.) Leave Without Pay. Compensatory Time. Other. (Specify)

4-A	Month	Day	Hour	A.M.	4-C
FROM:	9	22	1100	P.M.	Total Number of Hours

4-B	Month	Day	Hour	A.M.	4-C
TO:	9	22	1600	P.M.	4.5

6. Remarks

DR APP

7. Employee's Signature

Seki

8. Date  
(Month, Day, Year)  
04/20/01

## OFFICIAL ACTION ON APPLICATION

 Approved Disapproved (If disapproved, give reason. If annual leave, initiate action to reschedule.)

Signature (Annual leave approved may not exceed the amount available for use during the leave year.)

Date  
(Month, Day, Year)

9 20 00

NSN 7540-00-753-5067

SF 71  
(Revised 3/79)  
OFFICE OF PERSONNEL MANAGEMENT  
PPM Supple. 990-2, G 2-9

71-112

## APPLICATION FOR LEAVE

INSTRUCTIONS: Please complete Items 1-8 after reading the Privacy Act Statement shown below.

1. Name (Print or type—Last, First, M.I.)

SEKIYA, L

2. Employee I.D. Number

3. Organizational Unit

Drmo-44

5. I hereby request (If more than one box is checked, explain in Item 6.  
Remarks:) Annual Leave. (Annual leave requested may not exceed the amount available for use during the leave year.) Sick Leave. (Complete reverse side of form.) Leave Without Pay. Compensatory Time. Other. (Specify)

4-A	Month	Day	Hour	A.M.	4-C
FROM:	10	11	0730	P.M.	Total Number of Hours

4-B	Month	Day	Hour	A.M.	4-C
TO:	10	13	1600	P.M.	24

6. Remarks

HEADACHE

7. Employee's Signature

Seki

8. Date  
(Month, Day, Year)  
10-16-01

## OFFICIAL ACTION ON APPLICATION

 Approved Disapproved (If disapproved, give reason. If annual leave, initiate action to reschedule.)

Signature (Annual leave approved may not exceed the amount available for use during the leave year.)

Date  
(Month, Day, Year)

10-20-00

SF 71  
(Revised 3/79)  
OFFICE OF PERSONNEL MANAGEMENT  
PPM Supple. 990-2, G 2-9

71-112

## APPLICATION FOR LEAVE

INSTRUCTIONS: Please complete Items 1-8 after reading the Privacy Act Statement shown below.

1. Name (Print or type—Last, First, M.I.)

SEKIYA, L.

2. Employee I.D. Number

3. Organizational Unit

Drmo-44

5. I hereby request (If more than one box is checked, explain in Item 6.  
Remarks:) Annual Leave. (Annual leave requested may not exceed the amount available for use during the leave year.) Sick Leave. (Complete reverse side of form.) Leave Without Pay. Compensatory Time. Other. (Specify)

4-A	Month	Day	Hour	A.M.	4-C
FROM:	10	16	0730	P.M.	Total Number of Hours

4-B	Month	Day	Hour	A.M.	4-C
TO:	10	16	0830	P.M.	1

6. Remarks

Seki

8. Date  
(Month, Day, Year)  
10-16-01

## OFFICIAL ACTION ON APPLICATION

 Approved Disapproved (If disapproved, give reason. If annual leave, initiate action to reschedule.)

Signature (Annual leave approved may not exceed the amount available for use during the leave year.)

Date  
(Month, Day, Year)

10-20-00

NSN 7540-00-753-5067

SF 71  
(Revised 3/79)  
OFFICE OF PERSONNEL MANAGEMENT  
FPM Suppl. 990-2, 6 2-9

71-112

## APPLICATION FOR LEAVE

INSTRUCTIONS: Please complete Items 1-8 after reading the Privacy Act Statement shown below.

1. Name (Print or type—Last, First, M.I.)

SEKIYA, L.

2. Employee I.D. Number

3. Organizational Unit

DRMO-HI

4-A	Month	Day	Hour	A.M.	4-C
FROM:	11	9	0730	P.M.	Total Number of Hours
TO:	11	9	1030	A.M.	3

5. I hereby request (If more than one box is checked, explain in Item 6. Remarks):

 Annual Leave. (Annual leave requested may not exceed the amount available for use during the leave year.)

Sick Leave. (Complete reverse side of form.)  
 Leave Without Pay.  
 Compensatory Time.  
 Other. (Specify)

6. Remarks

APPT

7. Employee's Signature

Sekiya

8. Date  
(Month, Day, Year)  
11-9-00

## OFFICIAL ACTION ON APPLICATION

 Approved Disapproved (If disapproved, give reason. If annual leave, initiate action to reschedule.)

Signature (Annual leave approved may not exceed the amount available for use during the leave year.)

Date  
(Month, Day, Year)  
11-9-00

NSN 7540-00-753-5067

SF 71  
(Revised 3/79)  
OFFICE OF PERSONNEL MANAGEMENT  
FPM Suppl. 990-2, 6 2-9

71-112

## APPLICATION FOR LEAVE

INSTRUCTIONS: Please complete Items 1-8 after reading the Privacy Act Statement shown below.

1. Name (Print or type—Last, First, M.I.)

SEKIYA, L.

2. Employee I.D. Number

3. Organizational Unit

DRMO-HI

4-A	Month	Day	Hour	A.M.	4-C
FROM:	11	22	0730	P.M.	Total Number of Hours
TO:	11	22	1600	A.M.	8

5. I hereby request (If more than one box is checked, explain in Item 6. Remarks):

 Annual Leave. (Annual leave requested may not exceed the amount available for use during the leave year.)

Sick Leave. (Complete reverse side of form.)  
 Leave Without Pay.  
 Compensatory Time.  
 Other. (Specify)

6. Remarks

DR TREATMENT

7. Employee's Signature

Sekiya

8. Date  
(Month, Day, Year)  
11-17-00

## OFFICIAL ACTION ON APPLICATION

 Approved Disapproved (If disapproved, give reason. If annual leave, initiate action to reschedule.)

Signature (Annual leave approved may not exceed the amount available for use during the leave year.)

Date  
(Month, Day, Year)

NSN 7540-00-753-5067

SF 71  
(Revised 3/79)  
OFFICE OF PERSONNEL MANAGEMENT  
FPM Suppl. 990-2, 6 2-9

71-112

## APPLICATION FOR LEAVE

INSTRUCTIONS: Please complete Items 1-8 after reading the Privacy Act Statement shown below.

1. Name (Print or type—Last, First, M.I.)

SEKIYA, L.

2. Employee I.D. Number

3. Organizational Unit

DRMO-HI

4-A	Month	Day	Hour	A.M.	4-C
FROM:	12	6	0730	P.M.	Total Number of Hours
TO:	12	6	1600	A.M.	8

5. I hereby request (If more than one box is checked, explain in Item 6. Remarks):

 Annual Leave. (Annual leave requested may not exceed the amount available for use during the leave year.)

Sick Leave. (Complete reverse side of form.)  
 Leave Without Pay.  
 Compensatory Time.  
 Other. (Specify)

6. Remarks

DR APPT/1600

7. Employee's Signature

Sekiya

8. Date  
(Month, Day, Year)  
12-17-00

## OFFICIAL ACTION ON APPLICATION

 Approved Disapproved (If disapproved, give reason. If annual leave, initiate action to reschedule.)

Signature (Annual leave approved may not exceed the amount available for use during the leave year.)

Date  
(Month, Day, Year)

NSN 7540-00-753-5067

SF 71  
(Revised 3/79)  
OFFICE OF PERSONNEL MANAGEMENT  
FPM Supply 990-2 5-2-9

## **APPLICATION FOR LEAVE**

**INSTRUCTIONS:** Please complete Items 1-8 after reading the Privacy Act Statement shown below.

1. Name (Print or type—Last, First, M.I.) <b>SEKIYA, L.</b>				2. Employee I.D. Number		
3. Organizational Unit <b>DRMO-HI</b>		4-A FROM:	Month <b>12</b>	Day <b>F</b>	Hour <b>1130</b>	A.M. <b>P.M.</b>
5. I hereby request (If more than one box is checked, explain in Item 6. Remarks):		4-B TO:	Month <b>12</b>	Day <b>F</b>	Hour <b>1600</b>	A.M. <b>P.M.</b>
<input type="checkbox"/> Annual Leave. (Annual leave requested may not exceed the amount available for use during the leave year.)  <input checked="" type="checkbox"/> Sick Leave. (Complete reverse side of form.)  <input type="checkbox"/> Leave Without Pay.  <input type="checkbox"/> Compensatory Time.  <input type="checkbox"/> Other (Specify) _____		6. Remarks  <i>J.R. APP/17</i>			7. Employee's Signature  <i>Selby</i>	
				8. Date (Month, Day, Year) <b>12-7-01</b>		
<b>OFFICIAL ACTION ON APPLICATION</b>						
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved (If disapproved, give reason. If annual leave, initiate action to reschedule.)  <i>Dorothy Chung</i>		Signature: Annual leave approved may not exceed the amount available for use during the leave year.  <i>Dorothy Chung</i>			Date (Month, Day, Year) <b>10-1-00</b>	

SF 71  
(Revised 3/79)  
OFFICE OF PERSONNEL MANAGEMENT  
FPM Sample 000-2 5-2-2

## **APPLICATION FOR LEAVE**

**INSTRUCTIONS:** Please complete Items 1-8 after reading the Privacy Act Statement shown below.

1. Name (Print or type—Last, First, M.I.) <b>SEKIYA, L.</b>				2. Employee I.D. Number						
3. Organizational Unit <b>DRMO-H1</b>				4-A	Month	Day	Hour	A.M.	4-C	
				FROM:	12	11	0730	P.M.	Total Number of Hours	
5. I hereby request (If more than one box is checked, explain in Item 6, Remarks):				4-B	Month	Day	Hour	A.M.		
<input type="checkbox"/> Annual Leave. (Annual leave requested may not exceed the amount available for use during the leave year.)				TO:	12	13	0830	P.M.	17	
<input checked="" type="checkbox"/> Sick Leave. (Complete reverse side of form.)				6. Remarks						
<input type="checkbox"/> Leave Without Pay.				7. Employee's Signature						
<input type="checkbox"/> Compensatory Time.				8. Date (Month, Day, Year)						
<input type="checkbox"/> Other. (Specify)				<b>12-13-06</b>						
<b>OFFICIAL ACTION ON APPLICATION</b>										
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved (If disapproved, give reason. If annual leave, initiate action to reschedule.)				Signature: Annual leave requested may not exceed the amount available for use during the leave year. <b>Wolfgang</b>						Date (Month, Day, Year)
										<b>12-14-06</b>

**SF 71**  
**[Revised 3/79]**  
**OFFICE OF PERSONNEL MANAGEMENT**  
**FPM-Schedule 900-2, 5-2-B**

**APPLICATION FOR LEAVE**

**INSTRUCTIONS:** Please complete Items 1-8 after reading the Privacy Act Statement shown below.

1. Name (Print or type—Last, First, M.I.) <b>SEKIGA, L.</b>						2. Employee I.D. Number						
3. Organizational Unit <b>DRmo-41</b>						4-A FROM: <b>12</b>	Month <b>27</b>	Day <b>0730</b>	Hour <b>0730</b>	A.M. <b>8</b>	4-C P.M.	Total Number of Hours
5. I hereby request (If more than one box is checked, explain in Item 6. Remarks: <input checked="" type="checkbox"/> Annual Leave. (Annual leave requested may not exceed the amount available for use during the leave year.)						4-B TO: <b>12</b>	Month <b>27</b>	Day <b>1600</b>	Hour <b>1600</b>	A.M. <b>8</b>	P.M.	<b>8</b>
6. Remarks <b>URGENT Family SITUATION</b>						7. Employee's Signature <b>J. Sekiya</b>						
Leave Without Pay.						8. Date (Month, Day, Year) <b>12-28-00</b>						
Compensatory Time.												
Other. (Specify) <b></b>												
<b>OFFICIAL ACTION ON APPLICATION</b>												
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved (If disapproved, give reason. If annual leave, initiate action to reschedule.)						Signature: Annual leave approved may not exceed the amount available for use during the leave year. <b>Dolphyne Chung</b>						
						Date (Month, Day, Year) <b>12-28-00</b>						

SF 71  
(Revised 3/79)  
OFFICE OF PERSONNEL MANAGEMENT  
FPM Suppl. 990-2, G 2-9

71-112

## APPLICATION FOR LEAVE

INSTRUCTIONS: Please complete Items 1-8 after reading the Privacy Act Statement shown below.

1. Name (Print or type—Last, First, M.I.)	2. Employee I.D. Number					
SEKIYA, L.						
3. Organizational Unit	4-A	Month	Day	Hour	A.M.	4-C
DRMO-44	FROM:	1	4	1515	P.M.	Total Number of Hours
5. I hereby request (If more than one box is checked, explain in Item 6, Remarks):	4-B	Month	Day	Hour	A.M.	
<input type="checkbox"/> Annual Leave. (Annual leave requested may not exceed the amount available for use during the leave year.)	TO:	1	4	1600	P.M.	45
<input checked="" type="checkbox"/> Sick Leave. (Complete reverse side of form.)	6. Remarks					DR. APP/7
<input type="checkbox"/> Leave Without Pay.						
<input type="checkbox"/> Compensatory Time.						
<input type="checkbox"/> Other. (Specify)						
7. Employee's Signature						DR. APP/7
						8. Date (Month, Day, Year)
						1-3-01

## OFFICIAL ACTION ON APPLICATION

<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Disapproved (If disapproved, give reason. If annual leave, initiate action to reschedule.)	Signature (Annual leave approved may not exceed the amount available for use during the leave year)	Date (Month, Day, Year)
		DR. APP/7	1-3-01

NSN 7540-00-753-5067

SF 71  
(Revised 3/79)  
OFFICE OF PERSONNEL MANAGEMENT  
FPM Suppl. 990-2, G 2-9

71-112

## APPLICATION FOR LEAVE

INSTRUCTIONS: Please complete Items 1-8 after reading the Privacy Act Statement shown below.

1. Name (Print or type—Last, First, M.I.)	2. Employee I.D. Number					
SEKIYA, L.						
3. Organizational Unit	4-A	Month	Day	Hour	A.M.	4-C
DRMO-44	FROM:	1	10	1530	P.M.	Total Number of Hours
5. I hereby request (If more than one box is checked, explain in Item 6, Remarks):	4-B	Month	Day	Hour	A.M.	
<input checked="" type="checkbox"/> Annual Leave. (Annual leave requested may not exceed the amount available for use during the leave year.)	TO:	1	10	1600	P.M.	30
<input type="checkbox"/> Sick Leave. (Complete reverse side of form.)	6. Remarks					
<input type="checkbox"/> Leave Without Pay.						
<input type="checkbox"/> Compensatory Time.						
<input type="checkbox"/> Other. (Specify)						
7. Employee's Signature						DR. APP/7
						8. Date (Month, Day, Year)
						1-10-01

## OFFICIAL ACTION ON APPLICATION

<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved (If disapproved, give reason. If annual leave, initiate action to reschedule.)	Signature (Annual leave approved may not exceed the amount available for use during the leave year)	Date (Month, Day, Year)
		DR. APP/7	1-10-01

SF 71  
(Revised 3/79)  
OFFICE OF PERSONNEL MANAGEMENT  
FPM Suppl. 990-2, G 2-9

71-112

## APPLICATION FOR LEAVE

INSTRUCTIONS: Please complete Items 1-8 after reading the Privacy Act Statement shown below.

1. Name (Print or type—Last, First, M.I.)	2. Employee I.D. Number					
SEKIYA, L.						
3. Organizational Unit	4-A	Month	Day	Hour	A.M.	4-C
DRMO-44	FROM:	1	11	1300	P.M.	Total Number of Hours
5. I hereby request (If more than one box is checked, explain in Item 6, Remarks):	4-B	Month	Day	Hour	A.M.	
<input type="checkbox"/> Annual Leave. (Annual leave requested may not exceed the amount available for use during the leave year.)	TO:	1	11	1600	P.M.	3
<input checked="" type="checkbox"/> Sick Leave. (Complete reverse side of form.)	6. Remarks					DR. APP/7
<input type="checkbox"/> Leave Without Pay.						
<input type="checkbox"/> Compensatory Time.						
<input type="checkbox"/> Other. (Specify)						
7. Employee's Signature						DR. APP/7
						8. Date (Month, Day, Year)
						1-5-01

## OFFICIAL ACTION ON APPLICATION

<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Disapproved (If disapproved, give reason. If annual leave, initiate action to reschedule.)	Signature (Annual leave approved may not exceed the amount available for use during the leave year)	Date (Month, Day, Year)
		DR. APP/7	1-5-01

NSN 7540-00-753-5067

SF 71  
(Revised 3/79)  
OFFICE OF PERSONNEL MANAGEMENT  
FPM Suppl. 990-2, 6 2-9

71-112

## APPLICATION FOR LEAVE

INSTRUCTIONS: Please complete Items 1-8 after reading the Privacy Act Statement shown below.

1. Name (Print or type—Last, First, M.I.)

SEKRYA, L

2. Employee I.D. Number

3. Organizational Unit

DRMO - H1

5. I hereby request (If more than one box is checked, explain in Item 6.  
Remarks:

Annual Leave. (Annual leave requested may not exceed the amount available for use during the leave year.)

Sick Leave. (Complete reverse side of form.)

Leave Without Pay.

Compensatory Time.

Other. (Specify)

4-A	Month	Day	Hour	A.M.	4-C
FROM:	1	12	0730	P.M.	Total Number of Hours
4-B	Month	Day	Hour	A.M.	
TO:	1	12	1600	P.M.	8

6. Remarks

HEADACHE

7. Employee's Signature

8. Date  
(Month, Day, Year)

1-17-01

## OFFICIAL ACTION ON APPLICATION

Approved  Disapproved (If disapproved, give reason. If annual leave, initiate action to reschedule.)

Signature (Annual leave approved may not exceed the amount available for use during the leave year.)

NSN 7540-00-753-5067

SF 71  
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71-112

## APPLICATION FOR LEAVE

INSTRUCTIONS: Please complete Items 1-8 after reading the Privacy Act Statement shown below.

1. Name (Print or type—Last, First, M.I.)

SEKRYA, L

2. Employee I.D. Number

3. Organizational Unit

DRMO

5. I hereby request (If more than one box is checked, explain in Item 6.  
Remarks:

Annual Leave. (Annual leave requested may not exceed the amount available for use during the leave year.)

 Sick Leave. (Complete reverse side of form.) Leave Without Pay. Compensatory Time. Other. (Specify)

4-A	Month	Day	Hour	A.M.	4-C
FROM:	1	29	1315	P.M.	Total Number of Hours
4-B	Month	Day	Hour	A.M.	
TO:	1	29	1600	P.M.	2,45

6. Remarks

SICK

7. Employee's Signature

8. Date  
(Month, Day, Year)

1/29/01

## OFFICIAL ACTION ON APPLICATION

Approved  Disapproved (If disapproved, give reason. If annual leave, initiate action to reschedule.)

Signature (Annual leave approved may not exceed the amount available for use during the leave year.)

Date  
(Month, Day, Year)

1/30/01

SF 71  
(Revised 3/79)  
OFFICE OF PERSONNEL MANAGEMENT  
FPM Suppl. 990-2, 6 2-9

71-112

## APPLICATION FOR LEAVE

INSTRUCTIONS: Please complete Items 1-8 after reading the Privacy Act Statement shown below.

1. Name (Print or type—Last, First, M.I.)

SEKRYA, L.

2. Employee I.D. Number

3. Organizational Unit

DRMO-41

5. I hereby request (If more than one box is checked, explain in Item 6.  
Remarks:

Annual Leave. (Annual leave requested may not exceed the amount available for use during the leave year.)

 Sick Leave. (Complete reverse side of form.) Leave Without Pay. Compensatory Time. Other. (Specify)

4-A	Month	Day	Hour	A.M.	4-C
FROM:	2	15	1130	P.M.	Total Number of Hours
4-B	Month	Day	Hour	A.M.	
TO:	2	15	1600	P.M.	4

6. Remarks

DR

7. Employee's Signature

8. Date  
(Month, Day, Year)

2/15/01

## OFFICIAL ACTION ON APPLICATION

Approved  Disapproved (If disapproved, give reason. If annual leave, initiate action to reschedule.)

Signature (Annual leave approved may not exceed the amount available for use during the leave year.)

Date  
(Month, Day, Year)

2-15-01

NSN 7540-00-753-5067

SF 71  
(Revised 3/79)  
OFFICE OF PERSONNEL MANAGEMENT  
OPM Supply, 990-2, 6-2-9

71-112

## APPLICATION FOR LEAVE

**INSTRUCTIONS:** Please complete Items 1-8 after reading the Privacy Act Statement shown below.

1. Name (Print or type—Last, First, M.I.)  <i>SEKIYA, L.</i>	2. Employee I.D. Number																								
3. Organizational Unit  <i>DRMO-HI</i>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">4-A</td> <td style="width: 15%;">Month</td> <td style="width: 15%;">Day</td> <td style="width: 15%;">Hour</td> <td style="width: 15%;">A.M.</td> <td style="width: 15%;">4-C</td> </tr> <tr> <td>FROM:</td> <td>1</td> <td>30</td> <td>0730</td> <td>P.M.</td> <td>Total Number of Hours</td> </tr> <tr> <td>4-B</td> <td>Month</td> <td>Day</td> <td>Hour</td> <td>A.M.</td> <td></td> </tr> <tr> <td>TO:</td> <td>2</td> <td>2</td> <td>1600</td> <td>P.M.</td> <td>32</td> </tr> </table>	4-A	Month	Day	Hour	A.M.	4-C	FROM:	1	30	0730	P.M.	Total Number of Hours	4-B	Month	Day	Hour	A.M.		TO:	2	2	1600	P.M.	32
4-A	Month	Day	Hour	A.M.	4-C																				
FROM:	1	30	0730	P.M.	Total Number of Hours																				
4-B	Month	Day	Hour	A.M.																					
TO:	2	2	1600	P.M.	32																				
5. I hereby request (If more than one box is checked, explain in Item 6, Remarks): <input type="checkbox"/> Annual Leave. (Annual leave requested may not exceed the amount available for use during the leave year.) <input checked="" type="checkbox"/> Sick Leave. (Complete reverse side of form.) <input type="checkbox"/> Leave Without Pay. <input type="checkbox"/> Compensatory Time. <input type="checkbox"/> Other (Specify) _____																									
6. Remarks  <i>Flu</i>																									
7. Employee's Signature  <i>Linda Sekiya</i>																									
8. Date (Month, Day, Year)  <i>2-5-01</i>																									

### OFFICIAL ACTION ON APPLICATION

Approved	Disapproved (If disapproved, give reason. If annual leave, initiate action to reschedule.)	Signature (Annual leave approved may not exceed the amount available for use during the leave year.)  <i>Joseph J. Inada</i>	Date (Month, Day, Year)  <i>2-6-01</i>
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NSN 7540-00-753-5067

### DISABILITY CERTIFICATE

MICHAEL J. INADA, M.D.  
98-1079 Moanalua Road, Suite 440  
Aiea, Hawaii 96701

Telephone: (808) 487-5115

*2/1/01*  
Date

This is to certify that

*Sekiya, Linda*

has been under my professional care and was:

Totally Incapacitated

Partially Incapacitated

from 1/30/01 to 2/2/01

Remarks:

*Return to work 2/5/01*

Dr. \_\_\_\_\_

*M. Inada*

#13101 — Medical Arts Press 1-800-328-2179

SF 71  
(Revised 3/79)  
OFFICE OF PERSONNEL MANAGEMENT  
FPM Sample, PPG-2, G-2-9

71-112

### APPLICATION FOR LEAVE

INSTRUCTIONS: Please complete Items 1-8 after reading the Privacy Act Statement shown below.

1. Name (Print or type—Last, First, M.I.)

SEKRIYA, L.

2. Employee I.D. Number

3. Organizational Unit

DRMO-HY

4-A	Month	Day	Hour	A.M.	4-C
FROM:	2	16	0730		Total Number of Hours
4-B	Month	Day	Hour	A.M.	
TO:	2	16	1600	P.M.	8

5. I hereby request (If more than one box is checked, explain in Item 6. Remarks):

Annual Leave. (Annual leave requested may not exceed the amount available for use during the leave year.)

Sick Leave. (Complete reverse side of form.)

Leave Without Pay.

Compensatory Time.

Other. (Specify)

6. Remarks

DR'S ORDERS

7. Employee's Signature

Sekey

8. Date  
(Month, Day, Year)  
2-20-01

### OFFICIAL ACTION ON APPLICATION

Approved  Disapproved (If disapproved, give reason. If annual leave, initiate action to reschedule.)

Signature: (Annual leave approved may not exceed the amount available for use during the leave year.)

NSN 7540-00-753-5067

Date  
(Month, Day, Year)  
2/20/01

### RETURN TO WORK OR SCHOOL

DR. MICHAEL K. Y. CHUN

Aiea Medical Building

99-128 Aiea Heights Dr., Ste. 502

Aiea, HI 96701

Telephone: (808) 488-8101

Date 2-15-01

This is to certify that

Linda Sekriya

has been under my care for the following:

Foot Condition

and is able to return to

work  
 school

on Feb. 20, 2001

Remarks:

henuukia

(SIGNATURE)

SF 71  
(Revised 3/79)  
OFFICE OF PERSONNEL MANAGEMENT  
FPM Suppl. 990-2, G 2-9

71-112

## APPLICATION FOR LEAVE

INSTRUCTIONS: Please complete Items 1-8 after reading the Privacy Act Statement shown below.

1. Name (Print or type—Last, First, M.I.) <i>SEKIYA, L.</i>	2. Employee I.D. Number
3. Organizational Unit <i>DRMO-HI</i>	4-A Month Day Hour A.M. 4-C FROM: 2 21 1130 P.M. Total Number of Hours
5. I hereby request (If more than one box is checked, explain in Item 6, Remarks): <input type="checkbox"/> Annual Leave. (Annual leave requested may not exceed the amount available for use during the leave year.) <input checked="" type="checkbox"/> Sick Leave. (Complete reverse side of form.) <input type="checkbox"/> Leave Without Pay. <input type="checkbox"/> Compensatory Time. <input type="checkbox"/> Other (Specify)	4-B Month Day Hour A.M. TO: 2 21 1600 P.M. 6. Remarks <i>HEADACHE</i>
7. Employee's Signature <i>Sei</i>	
8. Date (Month, Day, Year) <i>2-21-01</i>	

## OFFICIAL ACTION ON APPLICATION

<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Disapproved (If disapproved, give reason. If annual leave, initiate action to reschedule.)	Signature (Annual leave approved may not exceed the amount available for use during the leave year) <i>Godfrey Ching</i>	Date (Month, Day, Year) <i>3-21-01</i>
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NSN 7540-00-753-5067

SF 71  
(Revised 3/79)  
OFFICE OF PERSONNEL MANAGEMENT  
FPM Suppl. 990-2, G 2-9

71-112

## APPLICATION FOR LEAVE

INSTRUCTIONS: Please complete Items 1-8 after reading the Privacy Act Statement shown below.

1. Name (Print or type—Last, First, M.I.) <i>SEKIYA, L.</i>	2. Employee I.D. Number
3. Organizational Unit <i>DRMO-HI</i>	4-A Month Day Hour A.M. 4-C FROM: 2 21 1400 P.M. Total Number of Hours
5. I hereby request (If more than one box is checked, explain in Item 6, Remarks): <input checked="" type="checkbox"/> Annual Leave. (Annual leave requested may not exceed the amount available for use during the leave year.) <input type="checkbox"/> Sick Leave. (Complete reverse side of form.) <input type="checkbox"/> Leave Without Pay. <input type="checkbox"/> Compensatory Time. <input type="checkbox"/> Other (Specify)	4-B Month Day Hour A.M. TO: 2 21 1600 P.M. 6. Remarks
7. Employee's Signature <i>Sei</i>	
8. Date (Month, Day, Year) <i>2-20-01</i>	

## OFFICIAL ACTION ON APPLICATION

<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Disapproved (If disapproved, give reason. If annual leave, initiate action to reschedule.)	Signature (Annual leave approved may not exceed the amount available for use during the leave year) <i>Godfrey Ching</i>	Date (Month, Day, Year) <i>2/20/01</i>
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NSN 7540-00-753-5067

**Murashige, Sandra**

From: Domdoma, Edwin  
Sent: Thursday, March 01, 2001 6:40 PM  
To: Murashige, Sandra  
Subject: FW: Time and Attendance

—Original Message—

From: Saki, Shirley  
Sent: Thursday, March 01, 2001 2:31 PM  
To: Ching, Godfrey  
Subject: Time and Attendance

Just a reminder: Sick Leave (SF 71) still outstanding for Custy on 2/22, 2/23, 2/26, and 2/27, including doctor's note. Then on 2/28, what time did she report for work?

Shirley

SF 71  
(Revised 3/79)  
OFFICE OF PERSONNEL MANAGEMENT  
FPM Suppl. 990-2, 5-2-9

71-112

## APPLICATION FOR LEAVE

INSTRUCTIONS: Please complete Items 1-8 after reading the Privacy Act Statement shown below.

1. Name (Print or type—Last, First, M.I.)

SEKIYA, L

2. Employee I.D. Number

3. Organizational Unit

DRMO-HI

4-A	Month	Day	Hour	A.M.	4-C
FROM:	2	22	0730	P.M.	Total Number of Hours
TO:	2	23	1600	P.M.	16

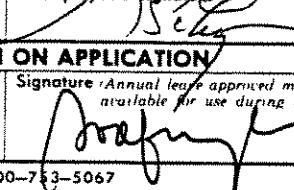
5. I hereby request (If more than one box is checked, explain in Item 6. Remarks:

 Annual Leave. (Annual leave requested may not exceed the amount available for use during the leave year.) Sick Leave. (Complete reverse side of form.) Leave Without Pay. Compensatory Time. Other. (Specify)

6. Remarks

FLC

7. Employee's Signature

8. Date  
(Month, Day, Year)  
2-28-01

## OFFICIAL ACTION ON APPLICATION

 Approved Disapproved (If disapproved, give reason. If annual leave, initiate action to reschedule.)

Signature: Annual leave approved may not exceed the amount available for use during the leave year!

Date  
(Month, Day, Year)  
2-28-01

NSN 7540-00-753-5067

SF 71  
(Revised 3/79)  
OFFICE OF PERSONNEL MANAGEMENT  
FPM Suppl. 990-2, 5-2-9

71-112

## APPLICATION FOR LEAVE

INSTRUCTIONS: Please complete Items 1-8 after reading the Privacy Act Statement shown below.

1. Name (Print or type—Last, First, M.I.)

SEKIYA, L

2. Employee I.D. Number

3. Organizational Unit

DRMO-HI

4-A	Month	Day	Hour	A.M.	4-C
FROM:	2	26	0730	P.M.	Total Number of Hours
TO:	2	28	0915	A.M.	17.45

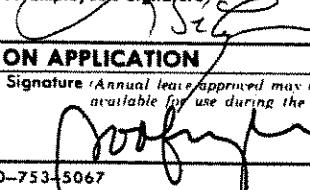
5. I hereby request (If more than one box is checked, explain in Item 6. Remarks:

 Annual Leave. (Annual leave requested may not exceed the amount available for use during the leave year.) Sick Leave. (Complete reverse side of form.) Leave Without Pay. Compensatory Time. Other. (Specify)

6. Remarks

FLC

7. Employee's Signature

8. Date  
(Month, Day, Year)  
2-28-01

## OFFICIAL ACTION ON APPLICATION

 Approved Disapproved (If disapproved, give reason. If annual leave, initiate action to reschedule.)

Signature: Annual leave approved may not exceed the amount available for use during the leave year!

Date  
(Month, Day, Year)  
3-1-01

NSN 7540-00-753-5067

## DISABILITY CERTIFICATE

MICHAEL J. INADA, M.D.

98-1079 Moanalua Road, Suite 440  
Aiea, Hawaii 96701

Telephone: (808) 487-5115

Date 2/26/01

This is to certify that Linda Sekiya

has been under my professional care and was:

 Totally Incapacitated Partially Incapacitatedfrom 2/21/01 to 2/27/01

Remarks: \_\_\_\_\_

Dr. \_\_\_\_\_



SF 71  
 (Revised 3/79)  
 OFFICE OF PERSONNEL MANAGEMENT  
 70 M. Supple. 990-2, 6 2-9

71-112

**APPLICATION FOR LEAVE****INSTRUCTIONS:** Please complete Items 1-8 after reading the Privacy Act Statement shown below.

1. Name (Print or type—Last, First, M.I.)

SERIYA, L.

2. Employee I.D. Number

3. Organizational Unit

DRMC-HI

4-A FROM:	Month	Day	Hour	A.M.	4-C Total Number of Hours
	3	19	0730	P.M.	1.45

5. I hereby request (If more than one box is checked, explain in Item 6, Remarks)

Annual Leave. (Annual leave requested may not exceed the amount available for use during the leave year.)

Sick Leave. (Complete reverse side of form.)

Leave Without Pay.

Compensatory Time.

Other. (Specify)

4-B TO:	Month	Day	Hour	A.M.	P.M.
	3	19	0915	A.M.	P.M.

6. Remarks

DR. APPY

7. Employee's Signature

SERIYA

8. Date  
(Month, Day, Year)  
3-16-01**OFFICIAL ACTION ON APPLICATION** Approved Disapproved (If disapproved, give reason. If annual leave, initiate action to reschedule.)

Signature (Annual leave approved may not exceed the amount available for use during the leave year.)

NSN 7540-00-758-5067

Date  
(Month, Day, Year)  
3-19-01**RETURN TO WORK OR SCHOOL****DR. MICHAEL K. Y. CHUN**

Aiea Medical Building  
 99-128 Aiea Heights Dr., Ste. 502  
 Aiea, HI 96701

Telephone: (808) 488-8101

Date 3/19/01

This is to certify that

Linda D. Seriya

has been under my care for the following:

Foot Condition

and is able to return to work school on \_\_\_\_\_

Remarks: \_\_\_\_\_

(SIGNATURE)

#13107 — Medical Arts Press 1-800-328-2179

SF 71  
(Revised 3/79)  
OFFICE OF PERSONNEL MANAGEMENT  
FPM Suppl. P90-2, 6-2-9

71-112

## APPLICATION FOR LEAVE

INSTRUCTIONS: Please complete Items 1-8 after reading the Privacy Act Statement shown below.

1. Name (Print or type—Last, First, M.I.)

SEKIYA, L.

2. Employee I.D. Number

3. Organizational Unit

DRMO-H1

4-A	Month	Day	Hour	A.M.	4-C
FROM:	3	23	0730	P.M.	Total Number of Hours

4-B	Month	Day	Hour	A.M.	P.M.
TO:	3	23	1600	P.M.	

6. Remarks

7. Employee's Signature

8. Date  
(Month, Day, Year)

3/26/01

## OFFICIAL ACTION ON APPLICATION

 Approved Disapproved (If disapproved, give reason. If annual leave, initiate action to reschedule.)

Signature (Annual leave approved may not exceed the amount available for use during the leave year)

Rodney Chang

Date  
(Month, Day, Year)

NSN 7540-00-753-5067

SF 71  
(Revised 3/79)  
OFFICE OF PERSONNEL MANAGEMENT  
FPM Suppl. P90-2, 6-2-9

71-112

## APPLICATION FOR LEAVE

INSTRUCTIONS: Please complete Items 1-8 after reading the Privacy Act Statement shown below.

1. Name (Print or type—Last, First, M.I.)

SEKIYA, L.

2. Employee I.D. Number

3. Organizational Unit

DRMO-H1

4-A	Month	Day	Hour	A.M.	4-C
FROM:	3	27	0730	P.M.	Total Number of Hours

4-B	Month	Day	Hour	A.M.	P.M.
TO:	3	30	1600	P.M.	32

6. Remarks

FCY

7. Employee's Signature

8. Date  
(Month, Day, Year)

4-2-01

## OFFICIAL ACTION ON APPLICATION

 Approved Disapproved (If disapproved, give reason. If annual leave, initiate action to reschedule.)

Signature (Annual leave approved may not exceed the amount available for use during the leave year)

Rodney Chang

Date  
(Month, Day, Year)

4-2-01

NSN 7540-00-753-5067

## Certificate to return to work

Name Linda SekiyaHas been under my care from 3/27/01 to 4/2/01and is able to return to work on 4/2/01Nature of illness or injury Influenza restrictions no restrictionsComments Shorty. Kobayashi MDDr. Lloyd T. Kobayashi M.D. Phone 488-7747  
88-1079 Moanalua Rd., #450Address Aiea, HI 96701 Date 3/27/01

SF 71  
(Revised 3/79)  
OFFICE OF PERSONNEL MANAGEMENT  
FPM Suppl. 990-2, 6-2-9

71-112

## APPLICATION FOR LEAVE

INSTRUCTIONS: Please complete Items 1-8 after reading the Privacy Act Statement shown below.

1. Name (Print or type—Last, First, M.I.) <i>SERIYA, L.</i>	2. Employee I.D. Number
3. Organizational Unit <i>DRMO-HI</i>	4-A Month Day Hour A.M. 4-C FROM: 4 9 0730 P.M. Total Number of Hours
5. I hereby request (If more than one box is checked, explain in Item 6. Remarks: <input type="checkbox"/> Annual Leave. (Annual leave requested may not exceed the amount available for use during the leave year.) <input checked="" type="checkbox"/> Sick Leave. (Complete reverse side of form.) <input type="checkbox"/> Leave Without Pay. <input type="checkbox"/> Compensatory Time. <input type="checkbox"/> Other. (Specify)	4-B Month Day Hour A.M. 8 TO: 4 9 1600 P.M. A.M. P.M. 8
6. Remarks <i>HEADACHE</i>	
7. Employee's Signature <i>Sekiya</i>	
8. Date (Month, Day, Year) <i>4/12/01</i>	
<b>OFFICIAL ACTION ON APPLICATION</b> <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved (If disapproved, give reason. If annual leave, initiate action to reschedule.) Signature (Annual leave approved may not exceed the amount available for use during the leave year.) <i>Sekiya</i>	
Date (Month, Day, Year)	

NSN 7540-00-753-5067

SF 71  
(Revised 3/79)  
OFFICE OF PERSONNEL MANAGEMENT  
FPM Suppl. 990-2, 6-2-9

71-112

## APPLICATION FOR LEAVE

INSTRUCTIONS: Please complete Items 1-8 after reading the Privacy Act Statement shown below.

1. Name (Print or type—Last, First, M.I.) <i>SERIYA, L.</i>	2. Employee I.D. Number
3. Organizational Unit <i>DRMO-HI</i>	4-A Month Day Hour A.M. 4-C FROM: 4 24 0730 P.M. Total Number of Hours
5. I hereby request (If more than one box is checked, explain in Item 6. Remarks: <input type="checkbox"/> Annual Leave. (Annual leave requested may not exceed the amount available for use during the leave year.) <input checked="" type="checkbox"/> Sick Leave. (Complete reverse side of form.) <input type="checkbox"/> Leave Without Pay. <input type="checkbox"/> Compensatory Time. <input type="checkbox"/> Other. (Specify)	4-B Month Day Hour A.M. 8 TO: 4 27 1600 P.M. A.M. P.M. 32
6. Remarks <i>Fcy</i>	
7. Employee's Signature <i>Sekiya</i>	
8. Date (Month, Day, Year) <i>4-30-01</i>	
<b>OFFICIAL ACTION ON APPLICATION</b> <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved (If disapproved, give reason. If annual leave, initiate action to reschedule.) Signature (Annual leave approved may not exceed the amount available for use during the leave year.) <i>Sekiya</i>	
Date (Month, Day, Year)	

NSN 7540-00-753-5067

## DISABILITY CERTIFICATE

MICHAEL J. INADA, M.D.

98-1079 Moanalua Road, Suite 440

Aiea, HI 96701

Telephone: (808) 487-5115

Date *4/24/01*

This is to certify that

*Sekiya, Linda*

has been under my professional care and was:

 Totally Incapacitated Partially Incapacitatedfrom *4/24/01* to *4/27/01*

Remarks:

Dr. *M. Inada*

SF 71  
(Revised 3/79)  
OFFICE OF PERSONNEL MANAGEMENT  
FPM Suppl. 990-2, G 2-9

71-112

## APPLICATION FOR LEAVE

INSTRUCTIONS: Please complete Items 1-8 after reading the Privacy Act Statement shown below.

1. Name (Print or type—Last, First, M.I.) SEKIYA, L.

2. Employee I.D. Number

3. Organizational Unit DRMO-HI

4-A	Month	Day	Hour	A.M.	4-C
FROM:	5	10	1500	P.M.	Total Number of Hours
TO:	5	10	1600	P.M.	1

5. I hereby request (If more than one box is checked, explain in Item 6, Remarks):

Annual Leave. (Annual leave requested may not exceed the amount available for use during the leave year.)

Sick Leave. (Complete reverse side of form.)

Leave Without Pay.

Compensatory Time.

Other. (Specify)

6. Remarks HEADACHE7. Employee's Signature Bely8. Date  
(Month, Day, Year)  
5/10/01

## OFFICIAL ACTION ON APPLICATION

Approved  Disapproved (If disapproved, give reason. If annual leave, initiate action to reschedule.)

Signature (Annual leave approved may not exceed the amount available for use during the leave year.)  
BelyDate  
(Month, Day, Year)  
5-10-01

NSN 7540-00-753-5067

SF 71  
(Revised 3/79)  
OFFICE OF PERSONNEL MANAGEMENT  
FPM Suppl. 990-2, G 2-9

71-112

## APPLICATION FOR LEAVE

INSTRUCTIONS: Please complete Items 1-8 after reading the Privacy Act Statement shown below.

1. Name (Print or type—Last, First, M.I.) SEKIYA, L.

2. Employee I.D. Number

3. Organizational Unit DRMO-HI

4-A	Month	Day	Hour	A.M.	4-C
FROM:	5	11	0730	P.M.	Total Number of Hours
TO:	5	11	1600	A.M.	8

5. I hereby request (If more than one box is checked, explain in Item 6, Remarks):

Annual Leave. (Annual leave requested may not exceed the amount available for use during the leave year.)

Sick Leave. (Complete reverse side of form.)

Leave Without Pay.

Compensatory Time.

Other. (Specify)

6. Remarks HEADACHE7. Employee's Signature Bely8. Date  
(Month, Day, Year)  
5/10/01

## OFFICIAL ACTION ON APPLICATION

Approved  Disapproved (If disapproved, give reason. If annual leave, initiate action to reschedule.)

Signature (Annual leave approved may not exceed the amount available for use during the leave year.)  
BelyDate  
(Month, Day, Year)  
5/17/01

NSN 7540-00-753-5067

SF 71  
(Revised 3/79)  
OFFICE OF PERSONNEL MANAGEMENT  
FPM Suppl. 990-2, G 2-9

71-112

## APPLICATION FOR LEAVE

INSTRUCTIONS: Please complete Items 1-8 after reading the Privacy Act Statement shown below.

1. Name (Print or type—Last, First, M.I.) SEKIYA, L.

2. Employee I.D. Number

3. Organizational Unit DRMO-HI

4-A	Month	Day	Hour	A.M.	4-C
FROM:	5	17	1500	P.M.	Total Number of Hours
TO:	5	17	1600	P.M.	1

5. I hereby request (If more than one box is checked, explain in Item 6, Remarks):

Annual Leave. (Annual leave requested may not exceed the amount available for use during the leave year.)

Sick Leave. (Complete reverse side of form.)

Leave Without Pay.

Compensatory Time.

Other. (Specify)

6. Remarks DR. APP/77. Employee's Signature Bely8. Date  
(Month, Day, Year)  
5/16/01

## OFFICIAL ACTION ON APPLICATION

Approved  Disapproved (If disapproved, give reason. If annual leave, initiate action to reschedule.)

Signature (Annual leave approved may not exceed the amount available for use during the leave year.)  
BelyDate  
(Month, Day, Year)  
5/17/01

NSN 7540-00-753-5067

SF 71  
(Revised 3/79)  
OFFICE OF PERSONNEL MANAGEMENT  
FPM Suppl. 990-2, G 2-P

71-112

## APPLICATION FOR LEAVE

INSTRUCTIONS: Please complete Items 1-8 after reading the Privacy Act Statement shown below.

1. Name (Print or type Last, First, M.I.)

SEKIYA, L.

2. Employee I.D. Number

3. Organizational Unit

DRMO-H1

4-A	Month	Day	Hour	A.M.	4-C
FROM:	5	21	1500	P.M.	Total Number of Hours
4-B	Month	Day	Hour	A.M.	
TO:	5	21	1600	P.M.	1

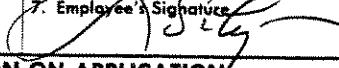
5. I hereby request (If more than one box is checked, explain in Item 6, Remarks.)

 Annual Leave. (Annual leave requested may not exceed the amount available for use during the leave year.) Sick Leave. (Complete reverse side of form.) Leave Without Pay. Compensatory Time. Other. (Specify)

6. Remarks

APP17

7. Employee's Signature

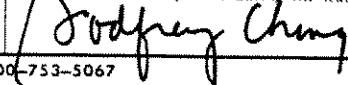
8. Date  
(Month, Day, Year)

5/21/01

## OFFICIAL ACTION ON APPLICATION

 Approved Disapproved (If disapproved, give reason. If annual leave, initiate action to reschedule.)

Signature (Annual leave approved may not exceed the amount available for use during the leave year)

Date  
(Month, Day, Year)

5/21/01

NSN 7540-00-753-5067

SF 71  
(Revised 3/79)  
OFFICE OF PERSONNEL MANAGEMENT  
FPM Suppl. 990-2, G 2-P

71-112

## APPLICATION FOR LEAVE

INSTRUCTIONS: Please complete Items 1-8 after reading the Privacy Act Statement shown below.

1. Name (Print or type Last, First, M.I.)

SEKIYA, L.

2. Employee I.D. Number

3. Organizational Unit

DRMO-H1

4-A	Month	Day	Hour	A.M.	4-C
FROM:	5	24	1300	P.M.	Total Number of Hours
4-B	Month	Day	Hour	A.M.	
TO:	5	24	1600	P.M.	3

5. I hereby request (If more than one box is checked, explain in Item 6, Remarks.)

 Annual Leave. (Annual leave requested may not exceed the amount available for use during the leave year.) Sick Leave. (Complete reverse side of form.) Leave Without Pay. Compensatory Time. Other. (Specify)

6. Remarks

APP17

7. Employee's Signature

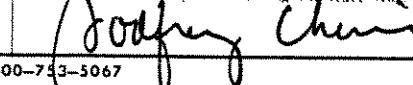
8. Date  
(Month, Day, Year)

5-21-01

## OFFICIAL ACTION ON APPLICATION

 Approved Disapproved (If disapproved, give reason. If annual leave, initiate action to reschedule.)

Signature (Annual leave approved may not exceed the amount available for use during the leave year)

Date  
(Month, Day, Year)

5/21/01

SF 71  
(Revised 3/79)  
OFFICE OF PERSONNEL MANAGEMENT  
FPM Suppl. 990-2, G 2-P

71-112

## APPLICATION FOR LEAVE

INSTRUCTIONS: Please complete Items 1-8 after reading the Privacy Act Statement shown below.

1. Name (Print or type Last, First, M.I.)

SEKIYA, L.

2. Employee I.D. Number

3. Organizational Unit

DRMO-H1

4-A	Month	Day	Hour	A.M.	4-C
FROM:	5	25	1500	P.M.	Total Number of Hours
4-B	Month	Day	Hour	A.M.	
TO:	5	25	1600	P.M.	1

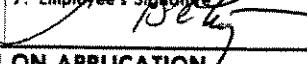
5. I hereby request (If more than one box is checked, explain in Item 6, Remarks.)

 Annual Leave. (Annual leave requested may not exceed the amount available for use during the leave year.) Sick Leave. (Complete reverse side of form.) Leave Without Pay. Compensatory Time. Other. (Specify)

6. Remarks

HEADACHE

7. Employee's Signature

8. Date  
(Month, Day, Year)

5-25-01

## OFFICIAL ACTION ON APPLICATION

 Approved Disapproved (If disapproved, give reason. If annual leave, initiate action to reschedule.)

Signature (Annual leave approved may not exceed the amount available for use during the leave year)

Date  
(Month, Day, Year)

5/25/01

NSN 7540-00-753-5067

SF 71  
(Revised 3/79)  
OFFICE OF PERSONNEL MANAGEMENT  
FPM Suppl. 990-2, 6 2-9

71-112

## APPLICATION FOR LEAVE

INSTRUCTIONS: Please complete Items 1-8 after reading the Privacy Act Statement shown below.

1. Name (Print or type—Last, First, M.I.)

SEKIYA, L

2. Employee I.D. Number

3. Organizational Unit

DRMC-H

5. I hereby request (If more than one box is checked, explain in Item 6, Remarks):

 Annual Leave. (Annual leave requested may not exceed the amount available for use during the leave year.)

Sick Leave. (Complete reverse side of form.)  
 Leave Without Pay.  
 Compensatory Time.  
 Other. (Specify)

4-A	Month	Day	Hour	1130	A.M.	4-C
FROM:	6	/	Hour	0800	P.M.	Total Number of Hours

4-B	Month	Day	Hour	1600	A.M.
TO:	6	/	P.M.	4	P.M.

6. Remarks

7. Employee's Signature

8. Date  
(Month, Day, Year)

6/11/01

## OFFICIAL ACTION ON APPLICATION

 Approved Disapproved (If disapproved, give reason. If annual leave, initiate action to reschedule.)

Signature: Annual leave approved may not exceed the amount available for use during the leave year.

NSN 7540-00-753-5067

SF 71  
(Revised 3/79)  
OFFICE OF PERSONNEL MANAGEMENT  
FPM Suppl. 990-2, 6 2-9

71-112

## APPLICATION FOR LEAVE

INSTRUCTIONS: Please complete Items 1-8 after reading the Privacy Act Statement shown below.

1. Name (Print or type—Last, First, M.I.)

SEKIYA, L

2. Employee I.D. Number

3. Organizational Unit

DRMC-H

4-A	Month	Day	Hour	0730	A.M.	4-C
FROM:	6	4	P.M.			Total Number of Hours

4-B	Month	Day	Hour	0945	A.M.
TO:	6	4	P.M.	2.15	P.M.

6. Remarks

Dr APP

7. Employee's Signature

8. Date  
(Month, Day, Year)

6-6-01

## OFFICIAL ACTION ON APPLICATION

 Approved Disapproved (If disapproved, give reason. If annual leave, initiate action to reschedule.)

Signature: Annual leave approved may not exceed the amount available for use during the leave year.

NSN 7540-00-753-5067

RAMAKRISHNA R. KOSURI, M.D.  
PORTNER ORTHOPEDIC REHABILITATION INCORPORATED  
615 PIKOI STREET, SUITE 1210  
HONOLULU, HAWAII 96814  
PHONE: (808) 598-7300

NAME Sekiya, Linda AGE \_\_\_\_\_ADDRESS \_\_\_\_\_ DATE 06-04-01

Rx She is under my care for chronic Rt foot pain due to plantar fasciitis. She is making progress, she needs to continue some more physical therapy sessions using night splint/heel cup.

 LABEL

REFILL \_\_\_\_\_ TIMES \_\_\_\_\_

Rama Kosuri M.D.  
DEA NO: BK 4897477

SF 71  
(Revised 3/79)  
OFFICE OF PERSONNEL MANAGEMENT  
PPM Supple. 990-2, 6-2-9

71-112

## APPLICATION FOR LEAVE

INSTRUCTIONS: Please complete Items 1-8 after reading the Privacy Act Statement shown below.

1. Name (Print or type—Last, First, M.I.)

SEKUYA, L

2. Employee I.D. Number

3. Organizational Unit

DRMO-41

4-A	Month	Day	Hour	A.M.	4-C
FROM:	6	13	0730	P.M.	Total Number of Hours
TO:	6	13	1045	A.M.	3.15

5. I hereby request (If more than one box is checked, explain in Item 6, Remarks):

 Annual Leave. (Annual leave requested may not exceed the amount available for use during the leave year.)

Sick Leave. (Complete reverse side of form.)  
 Leave Without Pay.  
 Compensatory Time.  
 Other. (Specify)

6. Remarks

HEADACHE

7. Employee's Signature

8. Date  
(Month Day Year)  
6-13-01

## OFFICIAL ACTION ON APPLICATION

 Approved Disapproved (If disapproved, give reason. If annual leave, initiate action to reschedule.)

Signature (Annual leave approved may not exceed the amount available for use during the leave year.)

Date  
(Month Day Year)  
6/14/01

NSN 7540-00-753-5067

SF 71  
(Revised 3/79)  
OFFICE OF PERSONNEL MANAGEMENT  
PPM Supple. 990-2, 6-2-9

71-112

## APPLICATION FOR LEAVE

INSTRUCTIONS: Please complete Items 1-8 after reading the Privacy Act Statement shown below.

1. Name (Print or type—Last, First, M.I.)

SEKUYA, L

2. Employee I.D. Number

3. Organizational Unit

DRMO-41

4-A	Month	Day	Hour	A.M.	4-C
FROM:	6	14	0730	P.M.	Total Number of Hours
TO:	6	14	1015	A.M.	2.45

5. I hereby request (If more than one box is checked, explain in Item 6, Remarks):

 Annual Leave. (Annual leave requested may not exceed the amount available for use during the leave year.)

Sick Leave. (Complete reverse side of form.)  
 Leave Without Pay.  
 Compensatory Time.  
 Other. (Specify)

6. Remarks

HEADACHE

7. Employee's Signature

8. Date  
(Month Day Year)  
6-14-01

## OFFICIAL ACTION ON APPLICATION

 Approved Disapproved (If disapproved, give reason. If annual leave, initiate action to reschedule.)

Signature (Annual leave approved may not exceed the amount available for use during the leave year.)

Date  
(Month Day Year)  
6/15/01

NSN 7540-00-753-5067

SF 71  
(Revised 3/79)  
OFFICE OF PERSONNEL MANAGEMENT  
PPM Supple. 990-2, 6-2-9

71-112

## APPLICATION FOR LEAVE

INSTRUCTIONS: Please complete Items 1-8 after reading the Privacy Act Statement shown below.

1. Name (Print or type—Last, First, M.I.)

SEKUYA, L

2. Employee I.D. Number

3. Organizational Unit

DRMO-41

4-A	Month	Day	Hour	A.M.	4-C
FROM:	7	12	0730	P.M.	Total Number of Hours
TO:	7	12	1610	A.M.	8

5. I hereby request (If more than one box is checked, explain in Item 6, Remarks):

 Annual Leave. (Annual leave requested may not exceed the amount available for use during the leave year.)

Sick Leave. (Complete reverse side of form.)  
 Leave Without Pay.  
 Compensatory Time.  
 Other. (Specify)

6. Remarks

HEADACHE

7. Employee's Signature

8. Date  
(Month Day Year)  
7-13-01

## OFFICIAL ACTION ON APPLICATION

 Approved Disapproved (If disapproved, give reason. If annual leave, initiate action to reschedule.)

Signature (Annual leave approved may not exceed the amount available for use during the leave year.)

Date  
(Month Day Year)  
7/13/01

NSN 7540-00-753-5067

SF 71  
(Revised 3/79)  
OFFICE OF PERSONNEL MANAGEMENT  
OPM Suppl. 990-2, G 2-9

71-112

## APPLICATION FOR LEAVE

INSTRUCTIONS: Please complete Items 1-8 after reading the Privacy Act Statement shown below.

1. Name (Print or type—Last, First, M.I.)

SEKIYA, L.

2. Employee I.D. Number

3. Organizational Unit

DRMO-41

4-A	Month	Day	Hour	A.M.	4-C
FROM:	7	5	0730		Total Number of Hours
4-B	Month	Day	Hour	P.M.	
TO:	7	5	1000	A.M.	2.5

5. I hereby request (If more than one box is checked, explain in Item 6.  
Remarks:

Annual Leave. (Annual leave requested may not exceed the amount available for use during the leave year.)

Sick Leave. (Complete reverse side of form.)

Leave Without Pay.

Compensatory Time.

Other. (Specify)

6. Remarks

DR. APO/T

7. Employee's Signature

Sekiya

8. Date  
(Month Day Year)  
07-5-01

## OFFICIAL ACTION ON APPLICATION

 Approved Disapproved (If disapproved, give reason. If annual leave, initiate action to reschedule.)

Signature (Annual leave approved may not exceed the amount available for use during the leave year)

Date  
(Month Day Year)

1. DR. APO/T

07-5-01

NSN 7540-00-753-5067

## MEDICAL CERTIFICATE

Patient's Name: SEKIYA, Linda

Off work from: \_\_\_\_\_ to \_\_\_\_\_

Return to Light Duty: \_\_\_\_\_ to \_\_\_\_\_

Limited to \_\_\_\_\_ hours per day for \_\_\_\_\_ weeks.

with the following restrictions:

RAMAKRISHNA R. KOSURI, M.D.  
615 PIIKOI STREET, #1210  
HONOLULU, HI 96814  
(808) 596-7300

No Excessive Bending \_\_\_\_\_

No Prolonged Standing \_\_\_\_\_

No Lifting or Carrying over \_\_\_\_\_ pounds.

Other: She is seen in clinic this AM.

RT heel pain is improving.

DX: Chronic RT Plantar fasciitis

Date 07-05-01 Signed

Rama Kosuri  
MD

SF 71  
(Revised 3/79)  
OFFICE OF PERSONNEL MANAGEMENT  
OPM Suppl. 990-2, G 2-9

71-112

## APPLICATION FOR LEAVE

INSTRUCTIONS: Please complete Items 1-8 after reading the Privacy Act Statement shown below.

1. Name (Print or type—Last, First, M.I.)

SEKIYA, L.

2. Employee I.D. Number

3. Organizational Unit

DRMO-41

4-A	Month	Day	Hour	A.M.	4-C
FROM:	7	13	0730		Total Number of Hours
4-B	Month	Day	Hour	P.M.	
TO:	7	13	0830	A.M.	.75

5. I hereby request (If more than one box is checked, explain in Item 6.  
Remarks:

Annual Leave. (Annual leave requested may not exceed the amount available for use during the leave year.)

6. Remarks

HEADACHE

7. Employee's Signature

Sekiya

8. Date  
(Month Day Year)  
7-13-01

## OFFICIAL ACTION ON APPLICATION

 Approved Disapproved (If disapproved, give reason. If annual leave, initiate action to reschedule.)

Signature (Annual leave approved may not exceed the amount available for use during the leave year)

Date  
(Month Day Year)

7-13-01

NSN 7540-00-753-5067

SF 71  
(Revised 3/79)  
OFFICE OF PERSONNEL MANAGEMENT  
FPM Suppl. 990-2, 6 2-9

71-112

## APPLICATION FOR LEAVE

INSTRUCTIONS: Please complete Items 1-8 after reading the Privacy Act Statement shown below.

1. Name (Print or type—Last, First, M.I.) <i>SEKIYA, L</i>				2. Employee I.D. Number			
3. Organizational Unit <i>DRMO-HI</i>				4-A Month Day Hour A.M. 4-C FROM: 7 13 0130 P.M. Total Number of Hours			
5. I hereby request (If more than one box is checked, explain in Item 6. Remarks: <i>Annual Leave. (Annual leave requested may not exceed the amount available for use during the leave year.)</i>				4-B Month Day Hour A.M. 4-C TO: 7 13 1600 P.M. 4			
<input checked="" type="checkbox"/> Sick Leave. (Complete reverse side of form.) <input type="checkbox"/> Leave Without Pay. <input type="checkbox"/> Compensatory Time. <input type="checkbox"/> Other. (Specify)				6. Remarks <i>REACTIVE FM MAINLAND</i>			
				7. Employee's Signature <i>[Signature]</i>			
				8. Date (Month, Day, Year) <i>7-10-01</i>			
OFFICIAL ACTION ON APPLICATION							
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved (If disapproved, give reason. If annual leave, initiate action to reschedule.) <i>[Signature]</i>				Signature (Annual leave approved may not exceed the amount available for use during the leave year) <i>[Signature]</i>			
				Date (Month, Day, Year) <i>7/12/01</i>			
NSN 7540-00-753-5067							

SF 71  
(Revised 3/79)  
OFFICE OF PERSONNEL MANAGEMENT  
FPM Suppl. 990-2, 6 2-9

71-112

## APPLICATION FOR LEAVE

INSTRUCTIONS: Please complete Items 1-8 after reading the Privacy Act Statement shown below.

1. Name (Print or type—Last, First, M.I.) <i>SEKIYA, L</i>				2. Employee I.D. Number			
3. Organizational Unit <i>DRMO-HI</i>				4-A Month Day Hour A.M. 4-C FROM: 7 17 0730 P.M. Total Number of Hours			
5. I hereby request (If more than one box is checked, explain in Item 6. Remarks: <i>Annual Leave. (Annual leave requested may not exceed the amount available for use during the leave year.)</i>				4-B Month Day Hour A.M. 4-C TO: 7 17 0930 P.M. 2			
<input type="checkbox"/> Sick Leave. (Complete reverse side of form.) <input type="checkbox"/> Leave Without Pay. <input type="checkbox"/> Compensatory Time. <input type="checkbox"/> Other. (Specify)				6. Remarks <i>PERSONAL EMERGENCY</i>			
				7. Employee's Signature <i>[Signature]</i>			
				8. Date (Month, Day, Year) <i>7-17-01</i>			
OFFICIAL ACTION ON APPLICATION							
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved (If disapproved, give reason. If annual leave, initiate action to reschedule.) <i>[Signature]</i>				Signature (Annual leave approved may not exceed the amount available for use during the leave year) <i>[Signature]</i>			
				Date (Month, Day, Year) <i>7/19/01</i>			
NSN 7540-00-753-5067							

SF 71  
(Revised 3/79)  
OFFICE OF PERSONNEL MANAGEMENT  
FPM Suppl. 990-2, 6 2-9

71-112

## APPLICATION FOR LEAVE

INSTRUCTIONS: Please complete Items 1-8 after reading the Privacy Act Statement shown below.

1. Name (Print or type—Last, First, M.I.) <i>SEKIYA, L</i>				2. Employee I.D. Number			
3. Organizational Unit <i>DRMO-HI</i>				4-A Month Day Hour A.M. 4-C FROM: 7 23 0730 P.M. Total Number of Hours			
5. I hereby request (If more than one box is checked, explain in Item 6. Remarks: <i>Annual Leave. (Annual leave requested may not exceed the amount available for use during the leave year.)</i>				4-B Month Day Hour A.M. 4-C TO: 7 23 1600 P.M. 8			
<input type="checkbox"/> Sick Leave. (Complete reverse side of form.) <input type="checkbox"/> Leave Without Pay. <input type="checkbox"/> Compensatory Time. <input type="checkbox"/> Other. (Specify)				6. Remarks <i>TRAINING</i>			
				7. Employee's Signature <i>[Signature]</i>			
				8. Date (Month, Day, Year) <i>7-20-01</i>			
OFFICIAL ACTION ON APPLICATION							
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved (If disapproved, give reason. If annual leave, initiate action to reschedule.) <i>[Signature]</i>				Signature (Annual leave approved may not exceed the amount available for use during the leave year) <i>[Signature]</i>			
				Date (Month, Day, Year) <i>7-20-01</i>			
NSN 7540-00-753-5067							

SF 71  
 (Revised 3/79)  
 OFFICE OF PERSONNEL MANAGEMENT  
 FPM Supple. 990-2, 6-2-9

71-112

## APPLICATION FOR LEAVE

INSTRUCTIONS: Please complete Items 1-8 after reading the Privacy Act Statement shown below.

1. Name (Print or type—Last, First, M.I.)

SEKUYA, L.

2. Employee I.D. Number

3. Organizational Unit

DRMO-H1

5. I hereby request (If more than one box is checked, explain in Item 6, Remarks):

Annual Leave. (Annual leave requested may not exceed the amount available for use during the leave year.)

Sick Leave. (Complete reverse side of form.)

Leave Without Pay.

Compensatory Time.

Other. (Specify)

4-A	Month	Day	Hour	A.M.	4-C
FROM:	7	24	0730	A.M.	Total Number of Hours
TO:	7	24	1600	P.M.	2.5

6. Remarks

HEADACHE

7. Employee's Signature

*TS*8. Date  
(Month Day Year)  
7/25/01

## OFFICIAL ACTION ON APPLICATION

 Approved Disapproved (If disapproved, give reason. If annual leave, initiate action to reschedule.)Signature (Annual leave approved may not exceed the amount available for use during the leave year.)  
*Wof*Date  
(Month Day Year)  
7/25/01

NSN 7540-00-753-5067

SF 71  
 (Revised 3/79)  
 OFFICE OF PERSONNEL MANAGEMENT  
 FPM Supple. 990-2, 6-2-9

71-112

## APPLICATION FOR LEAVE

INSTRUCTIONS: Please complete Items 1-8 after reading the Privacy Act Statement shown below.

1. Name (Print or type—Last, First, M.I.)

SEKUYA, L.

2. Employee I.D. Number

3. Organizational Unit

DRMO-H1

5. I hereby request (If more than one box is checked, explain in Item 6, Remarks):

Annual Leave. (Annual leave requested may not exceed the amount available for use during the leave year.)

Sick Leave. (Complete reverse side of form.)

Leave Without Pay.

Compensatory Time.

Other. (Specify)

4-A	Month	Day	Hour	A.M.	4-C
FROM:	7	27	0730	A.M.	Total Number of Hours
TO:	7	27	1600	P.M.	8

6. Remarks

HEADACHE

7. Employee's Signature

*TS*8. Date  
(Month Day Year)  
7-30-01

## OFFICIAL ACTION ON APPLICATION

 Approved Disapproved (If disapproved, give reason. If annual leave, initiate action to reschedule.)Signature (Annual leave approved may not exceed the amount available for use during the leave year.)  
*Wof*Date  
(Month Day Year)  
8/1/01

NSN 7540-00-753-5067

SF 71  
 (Revised 3/79)  
 OFFICE OF PERSONNEL MANAGEMENT  
 FPM Supple. 990-2, 6-2-9

71-112

## APPLICATION FOR LEAVE

INSTRUCTIONS: Please complete Items 1-8 after reading the Privacy Act Statement shown below.

1. Name (Print or type—Last, First, M.I.)

SEKUYA, L.

2. Employee I.D. Number

3. Organizational Unit

DRMO-H1

5. I hereby request (If more than one box is checked, explain in Item 6, Remarks):

Annual Leave. (Annual leave requested may not exceed the amount available for use during the leave year.)

Sick Leave. (Complete reverse side of form.)

Leave Without Pay.

Compensatory Time.

Other. (Specify)

4-A	Month	Day	Hour	A.M.	4-C
FROM:	8	7	0730	A.M.	Total Number of Hours
TO:	8	7	1600	P.M.	8

6. Remarks

*TS*

7. Employee's Signature

*TS*8. Date  
(Month Day Year)  
8-8-01

## OFFICIAL ACTION ON APPLICATION

 Approved Disapproved (If disapproved, give reason. If annual leave, initiate action to reschedule.)Signature (Annual leave approved may not exceed the amount available for use during the leave year.)  
*Wof*Date  
(Month Day Year)  
8-8-01

NSN 7540-00-753-5067

## APPLICATION FOR LEAVE

INSTRUCTIONS: Please complete Items 1-8 after reading the Privacy Act Statement shown below.

1. Name (Print or type—Last, First, M.I.)

SEKIYA, L.

2. Employee I.D. Number

3. Organizational Unit

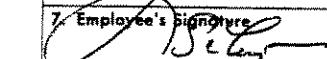
DRMO-41

4-A	Month	Day	Hour	A.M.	4-C
FROM:	8	13	0730	P.M.	Total Number of Hours
TO:	8	13	1600	A.M.	8

5. I hereby request (If more than one box is checked, explain in Item 6.  
Remarks): Annual Leave. (Annual leave requested may not exceed the amount available for use during the leave year.)

Sick Leave. (Complete reverse side of form.)  
 Leave Without Pay.  
 Compensatory Time.  
 Other. (Specify)

6. Remarks

7. Employee's Signature  
6-28-01B. Date  
(Month, Day, Year)

## OFFICIAL ACTION ON APPLICATION

 Approved Disapproved (If disapproved, give reason. If annual leave, initiate action to reschedule.)

Signature (Annual leave approved may not exceed the amount available for use during the leave year.)

Date  
(Month, Day, Year)

NSN 7540-00-753-5067

## APPLICATION FOR LEAVE

INSTRUCTIONS: Please complete Items 1-8 after reading the Privacy Act Statement shown below.

1. Name (Print or type—Last, First, M.I.)

SEKIYA, L.

2. Employee I.D. Number

3. Organizational Unit

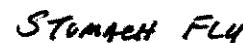
DRMO-41

4-A	Month	Day	Hour	A.M.	4-C
FROM:	8	14	0730	P.M.	Total Number of Hours
TO:	8	17	1600	A.M.	32

5. I hereby request (If more than one box is checked, explain in Item 6.  
Remarks): Annual Leave. (Annual leave requested may not exceed the amount available for use during the leave year.)

Sick Leave. (Complete reverse side of form.)  
 Leave Without Pay.  
 Compensatory Time.  
 Other. (Specify)

6. Remarks



7. Employee's Signature

B. Date  
(Month, Day, Year)

8/20/01

## OFFICIAL ACTION ON APPLICATION

 Approved Disapproved (If disapproved, give reason. If annual leave, initiate action to reschedule.)

Signature (Annual leave approved may not exceed the amount available for use during the leave year.)

Date  
(Month, Day, Year)

8/20/01

NSN 7540-00-753-5067

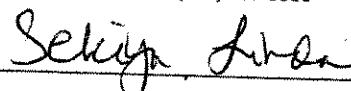
## DISABILITY CERTIFICATE

MICHAEL J. INADA, M.D.  
98-1079 Moanalua Road, Suite 440  
Aiea, HI 96701

Telephone: (808) 487-5115

Date  
8/15/01

This is to certify that

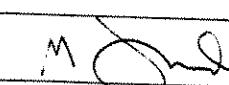


has been under my professional care and was:

totally Incapacitated  
 from 8/14/01 to 8/17/01

Remarks:

Dx: gastritis

Dr. 

SF 71  
 (Revised 3/79)  
 OFFICE OF PERSONNEL MANAGEMENT  
 FPM Supple. 990-2, 6 2-9

71-111

## APPLICATION FOR LEAVE

INSTRUCTIONS: Please complete Items 1-8 after reading the Privacy Act Statement shown below.

1. Name (Print or type—Last, First, M.I.)

SEKUYA, L.

2. Employee I.D. Number

3. Organizational Unit

Dme-64

5. I hereby request (If more than one box is checked, explain in Item 6.  
 Remarks:)

Annual Leave. (Annual leave requested may not exceed the amount available for use during the leave year.)

Sick Leave. (Complete reverse side of form.)

Leave Without Pay.

Compensatory Time.

Other. (Specify)

4-A	Month	Day	Hour	A.M.	4-C
FROM:	9	10	1300	A.M.	Total Number of Hours
TO:	9	10	1600	P.M.	3

6. Remarks

De APPY

7. Employee's Signature

8. Date  
 (Month, Day, Year)

9-10-01

## OFFICIAL ACTION ON APPLICATION

 Approved Disapproved (If disapproved, give reason. If annual leave, initiate action to reschedule.)

Signature (Annual leave approved may not exceed the amount available for use during the leave year.)

NSN 7540-00-753-5067

Date  
 (Month, Day, Year)

9-10-01

F 71

(Revised 3/79)

OFFICE OF PERSONNEL MANAGEMENT  
 FPM Supple. 990-2, 6 2-9

71-112

## APPLICATION FOR LEAVE

INSTRUCTIONS: Please complete Items 1-8 after reading the Privacy Act Statement shown below.

1. Name (Print or type—Last, First, M.I.)

SEKUYA, L.

2. Employee I.D. Number

3. Organizational Unit

Dme-64

5. I hereby request (If more than one box is checked, explain in Item 6.  
 Remarks:)

Annual Leave. (Annual leave requested may not exceed the amount available for use during the leave year.)

Sick Leave. (Complete reverse side of form.)

Leave Without Pay.

Compensatory Time.

Other. (Specify)

4-A	Month	Day	Hour	A.M.	4-C
FROM:	9	11	0730	A.M.	Total Number of Hours
TO:	9	26	1000	P.M.	90.5

6. Remarks

SICK

7. Employee's Signature

8. Date  
 (Month, Day, Year)

9-26-01

## OFFICIAL ACTION ON APPLICATION

 Approved Disapproved (If disapproved, give reason. If annual leave, initiate action to reschedule.)

Signature (Annual leave approved may not exceed the amount available for use during the leave year.)

Date  
 (Month, Day, Year)

9-26-01

NSN 7540-00-753-5067

SF 71

(Revised 3/79)

OFFICE OF PERSONNEL MANAGEMENT  
 FPM Supple. 990-2, 6 2-9

71-112

## APPLICATION FOR LEAVE

INSTRUCTIONS: Please complete Items 1-8 after reading the Privacy Act Statement shown below.

1. Name (Print or type—Last, First, M.I.)

SEKUYA, L.

2. Employee I.D. Number

3. Organizational Unit

Dme-64

5. I hereby request (If more than one box is checked, explain in Item 6.  
 Remarks:)

Annual Leave. (Annual leave requested may not exceed the amount available for use during the leave year.)

Sick Leave. (Complete reverse side of form.)

Leave Without Pay.

Compensatory Time.

Other. (Specify)

4-A	Month	Day	Hour	A.M.	4-C
FROM:	9	26	1500	A.M.	Total Number of Hours
TO:	9	26	1600	P.M.	1

6. Remarks

SICK

7. Employee's Signature

8. Date  
 (Month, Day, Year)

9-26-01

## OFFICIAL ACTION ON APPLICATION

 Approved Disapproved (If disapproved, give reason. If annual leave, initiate action to reschedule.)

Signature (Annual leave approved may not exceed the amount available for use during the leave year.)

Date  
 (Month, Day, Year)

9-26-01

NSN 7540-00-753-5067

SF 71  
(Revised 1/79)  
OFFICE OF PERSONNEL MANAGEMENT  
PPM Suppl. 990-2, G 2-9

## APPLICATION FOR LEAVE

INSTRUCTIONS: Please complete Items 1-8 after reading the Privacy Act Statement shown below.

1. Name (Print or type—Last, First, M.I.)

SEKIYA, L.

2. Employee I.D. Number

3. Organizational Unit

DRMO-41

5. I hereby request (If more than one box is checked, explain in Item 6. Remarks.)

 Annual Leave. (Annual leave requested may not exceed the amount available for use during the leave year.)

Sick Leave. (Complete reverse side of form.)  
 Leave Without Pay.  
 Compensatory Time.  
 Other (Specify)

4-A	Month	Day	Hour	A.M.	4-C
FROM:	9	27	0730	P.M.	Total Number of Hours
4-B	Month	Day	Hour	A.M.	16
TO:	9	28	1600	P.M.	

6. Remarks

SICK

7. Employee's Signature

8. Date  
(Month, Day, Year)  
9/26/01

## OFFICIAL ACTION ON APPLICATION

 Approved Disapproved (If disapproved, give reason. If annual leave, initiate action to reschedule.)

Signature (Annual leave approved may not exceed the amount available for use during the leave year)

Date  
(Month, Day, Year)  
9/26/01

NSN 7540-00-758-5067

Imprint

Linda Sekiya

**Straub**  
CLINIC & HOSPITAL

888 South King Street • Honolulu, Hawaii 96813

Medical Certificate

This is to certify that the above patient  is  has been under my professional care and  was unable to perform his/her usual duties from 9/10/01 to 9/30/01  
 may return to work/school on 10/1/01  
 may continue to work/in school until \_\_\_\_\_

Remarks:

Anxiety &amp; Depression

9/10/01  
Current Date  
73025 (01/00/95)m. Bernsli M.D.  
Physician

RECEIVED  
FEB 21 2006

U.S. GOVERNMENT



U.S. OFFICE OF THE CLERK

603 0030000

1-756 P.006/306 F-426

**MICHAEL J. INADA, M.D.**

98-1079 Moanalua Road, Suite 440  
Aiea, Hawaii 96701

Telephone: (808) 487-5115  
Fax: (808) 488-8266

July 26, 2001

To: 'Whom It May Concern'

Re: Linda D. Sekiya

Dear Sirs,

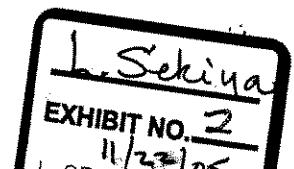
Mrs. Sekiya has asked me to comment on her health, since it has been noted that she has had several episodes of illness within a relatively short time span. I have seen her for upper respiratory illness, gastrointestinal problems and tension headache. I would also note that she has been under the care of appropriate specialists for ear and eye problems.

In general, she is in satisfactory health. I do not anticipate any deterioration in her health or prolonged disability. She continues to be able to work without restriction. I do not have any recommendations for treatment at this time.

Please call me if there are any questions.

Sincerely,

Michael Inada, M.D.



SF 71  
(Revised 3/79)  
OFFICE OF PERSONNEL MANAGEMENT  
FPM Supple. P90-2, G 2-9

71-112

## APPLICATION FOR LEAVE

INSTRUCTIONS: Please complete Items 1-8 after reading the Privacy Act Statement shown below.

1. Name (Print or type—Last, First, M.I.)

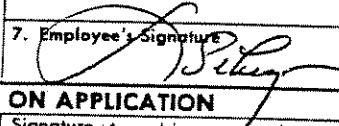
SEKUYA, L.

2. Employee I.D. Number

3. Organizational Unit

DRMO-441

4. I hereby request (If more than one box is checked, explain in Item 6.  
Remarks: Annual Leave. (Annual leave requested may not exceed the amount available for use during the leave year.) Sick Leave. (Complete reverse side of form.) Leave Without Pay. Compensatory Time. Other. (Specify)

4-A	Month	Day	Hour	A.M.	4-C
FROM:	7	5	0730	P.M.	Total Number of Hours
4-B	Month	Day	Hour	A.M.	
TO:	7	5	1000	P.M.	2.5
6. Remarks	Dr. 44017				
7. Employee's Signature					
	B. Date (Month, Day, Year) 07-05-01				

## OFFICIAL ACTION ON APPLICATION

 Approved Disapproved (If disapproved, give reason. If annual leave, initiate action to reschedule.)

Signature (Annual leave approved may not exceed the amount available for use during the leave year.)

Date  
(Month, Day, Year)  
07-05-01

NSN 7540-00-753-5067

## MEDICAL CERTIFICATE

Patient's Name: Linda Sekiya

Off work from: \_\_\_\_\_ to \_\_\_\_\_

Return to Light Duty: \_\_\_\_\_ to \_\_\_\_\_

Limited to \_\_\_\_\_ hours per day for \_\_\_\_\_ weeks.

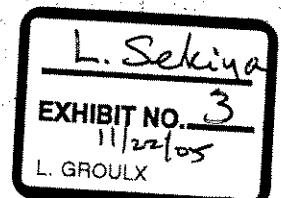
with the following restrictions:

RAMAKRISHNA R. KOSURI, M.D.

615 PIIKOI STREET, #1210

HONOLULU, HI 96814

(808) 596-7300

 No Excessive Bending No Prolonged Standing No Lifting or Carrying over \_\_\_\_\_ pounds. Other: She is seen in clinic this AM.RT heel pain is improving.DX: Chronic RT Plantar fasciitisDate 07-05-01 Signed Rama Kosuri M.D.

## MEDICAL CERTIFICATE

Patient's Name: Sekiya, Linda

Off work from: 8/11/01 to 8/12/01

Return to Light Duty: \_\_\_\_\_ to \_\_\_\_\_

Limited to \_\_\_\_\_ hours per day for \_\_\_\_\_ weeks.

with the following restrictions:

RAMAKRISHNA R. KOSURI, M.D.

615 PIKO STREET, #210

MONOLULU, HI 96814

(808) 596-7300

No Excessive Bending

No Prolonged Standing

No Lifting or Carrying over \_\_\_\_\_ pounds.

Other: She is advised not to walking more than 20-30 minutes without rest break and avoid climbing ladder. Progress is fair. She is making progress.

DX: Chronic RT plantar fasciitis

Date 08-11-01 Signed Ramakrishna Kosuri  
MD

